

HARRIS COUNTY PUBLIC HEALTH – RYAN WHITE GRANT ADMINISTRATION

| | | |
|---------------------|--|---------------------------|
| SUR | SERVICE UTILIZATION REPORT – Non-CPCDMS | For RWGA use only: |
| NAME OF CONTRACTOR: | | Posted by: |
| SERVICE: | FUND NO: | Date Posted: |
| CONTRACT NO: | CONTRACT PERIOD: | REPORT PERIOD: |

| RACE | AGE | GENDER | | | |
|--------------------------------------|---------|--------------|----------|--------------|----------|
| | | MALE | | FEMALE | |
| | | Non-Hispanic | Hispanic | Non-Hispanic | Hispanic |
| WHITE | 0 – 12 | | | | |
| | 13 – 19 | | | | |
| | 20 – 24 | | | | |
| | 25 - 44 | | | | |
| | 45+ | | | | |
| AFRICAN-AMERICAN | 0 – 12 | | | | |
| | 13 – 19 | | | | |
| | 20 – 24 | | | | |
| | 25 – 44 | | | | |
| | 45+ | | | | |
| ASIAN | 0 – 12 | | | | |
| | 13 – 19 | | | | |
| | 20 – 24 | | | | |
| | 25 – 44 | | | | |
| | 45+ | | | | |
| NATIVE HAWAIIAN/ PACIFIC ISLANDER | 0 – 12 | | | | |
| | 13 – 19 | | | | |
| | 20 – 24 | | | | |
| | 25 – 44 | | | | |
| | 45+ | | | | |
| AMERICAN INDIAN/ ALASKA NATIVE | 0 – 12 | | | | |
| | 13 – 19 | | | | |
| | 20 – 24 | | | | |
| | 25 - 44 | | | | |
| | 45+ | | | | |

| | | | |
|---|--|---|--|
| Total unduplicated clients served contract year to date | | # blind/sight impaired clients served this period | |
| # unduplicated clients served this period | | # homeless clients served this period | |
| # monolingual (Spanish) clients served this period | | | |
| # Deaf/hard of hearing clients served this period | | | |

Signature _____

Date _____